Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| A                              | or the                    | 2008 calendar year, or tax year beginning $JUL 1, 2008$ and ending   | JUN 30, 2009  |                                    |
|--------------------------------|---------------------------|--|---|------------------------------------|
| В                              | Check if applicable       | Please C Name of organization  | D Employer identific                                | ation number                       |
| _                              | Addres:                   | use IRS label or AVELLA DAVI DOODLYGEG THE   |   |                                    |
| ╘                              | change                    | pnnt or NEW DAY PRODUCTS INC   |   |                                    |
| Ļ                              | Name<br>change            | type Doing Business As   | 82-03   | 302299                             |
|                                | Initial retum Termination | See Specific Instruc- 1704 N MAIN ST Room/su   |   | 232-7807                           |
|                                | Amende retum              | City or town, state or country, and ZIP + 4  | G Gross receipts \$                                 | 1,836,864                          |
|                                | Applica                   | LOCKIDDO, ID 03204   | H(a) Is this a group re                             | turn                               |
|                                | pending                   | F Name and address of principal officer:   | for affiliates? <b>H(b)</b> Are all affiliates incl | Yes X No                           |
| 1                              | Гах-ехе                   | mpt status: X 501(c) ( 3   | If "No," attach a                                   | ist. (see instructions)            |
| J                              | Website                   | e: ► NA  | H(c) Group exemption                                | number >                           |
| <u>K</u>                       | Type of o                 | rganization X Corporation  | ear of formation 1989 M                             | State of legal domicile I          |
| Pa                             | art I                     | Summary  |   |                                    |
| 0                              | 1 E                       | Bnefly describe the organization's mission or most significant activities: TO PROVII   | DE JOB TRAINI                                       | NG, JOB                            |
| Activities & Governance        |                           | PLACEMENT, AND EVALUATION AND COUNSELING TO  |   |                                    |
| Ĕ                              | 2 (                       | Check this box Fig. 1 if the organization discontinued its operations or disposed of m   | ore than 25% of its assets                          | •                                  |
| Š                              | 3 1                       | lumber of voting members of the governing body (Part VI, line 1a)  | 3   |                                    |
| Ġ                              |                           | lumber of independent voting members of the governing body (Part VI, line 1b)  | 4   |                                    |
| န                              |                           | otal number of employees (Part V, line 2a)   | 5   |                                    |
| ě                              |                           | otal number of volunteers (estimate if necessary)  | 6   |                                    |
| Ę                              |                           | otal gross unrelated business revenue from Part VIII, line 12, column (C)  | 7a  | 0                                  |
| 4                              |                           | let unrelated business taxable income from Form 990-T, line 34   | 7b  | C                                  |
|                                | ļ                         | The state of the s | Prior Year  | Current Year                       |
| 40                             | 8 (                       | Contributions and grants (Part VIII, line 1h)  |   | - Junioni Tour                     |
| Revenue                        |                           | Program service revenue (Part VIII, line 2g)   | 1,650,577.  | 1,836,864                          |
| Š                              |                           | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)   | 480.  | 1/030/004                          |
| æ                              | ł.                        | F  | 43.   | <197,735                           |
|                                | L                         | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 1,651,100.  | 1,639,129                          |
|                                | T                         | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,031,100.  | 1,037,127                          |
|                                |                           | Grants and similar amounts paid (Part IX, column (A), lines 1·3)   | 110,536.  |                                    |
| Expenses                       |                           | Benefits paid to or for members (Part IX, column (A), line 4)  | 993,687.  | 1,356,917                          |
| ses                            |                           | calaries, other compensation, employee penerits (Asrtix column (A), lines 5-10)  | 333,007.  | 1,330,917                          |
| Expenses                       |                           | Professional fundraising fees (Fart IX, column (A), line 11e)  |   |                                    |
| 쫎                              |                           | otal fundraising expenses (Partix) column (D) line 25)   | F 2 7 . 0 0 0                                       | 441 707                            |
| _                              |                           | Other expenses (Part IX, column 4A), lines 11a 11d, 11f 24f)   | 527,098.  | 441,796                            |
| ,                              | 18 1                      | otal expenses. Add lines 13-17 (must equal Part IX; column (A), line 25)   | 1,631,321.  | 1,798,713                          |
|                                | 19 F                      | Revenue less expenses. Subtract line 18 from tine 12   | 19,779.   | <159,584                           |
| Net Assets or<br>Fund Balances |                           | \~   | Beginning of Year                                   | End of Year                        |
| set                            | 20 ⊺                      | otal assets (Part X, line 16)  | 533,775.  | 265,920                            |
| A P                            | 21 T                      | otal liabilities (Part X, line 26)   | 236,545.  | 1,460,452                          |
| 23                             | 22 N                      | let assets or fund balances. Subtract line 21 from line 20   | 297,230.  | <u>&lt;1,194,532</u>               |
| P                              | art II                    | Signature Block  |   |                                    |
|                                |                           | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled   | ts, and to the best of my knowledg                  | e and belief, it is true, correct, |
|                                | -                         | Calle Caa Halan  | .gc   | 1                                  |
| Sig                            | n                         | A ANILIE DURNER VIEDROMO   | 5]]7  | [[0                                |
| Hei                            | re                        | Signature of officer   | Date  | 1                                  |
|                                | ŀ                         | N John Kalnest Hechens Yresident   | TOUR of DIE   | ectors                             |
|                                | 1                         | Type or print name and title   | 0   |                                    |
|                                | ,                         | Preparer's Date  |   | r's identifying number             |
| Paid                           | a                         |  | self-<br>employed   [see ins                        | tructions)                         |
|                                |                           | Firm's name (or DESTON & COMPANY, CHARTERED  | EIN >   |                                    |
| Use                            | Jy                        | self-employed), 215 N 9TH, SUITE A   | E118 F  |                                    |
|                                |                           | address, and ZIP + 4 POCATELLO, ID 83201   | Phone no > 20                                       | 08-232-5825                        |
| Ma                             |                           | S discuss this return with the preparer shown above? (see instructions)  | FROME NO P Z  | X Yes N                            |
| IVIC!                          |                           | or anguage constitution with the predicter shown duover issee Instituctions)   |   |                                    |

| 12-16-0               | 2  |                            |         |                  |
|-----------------------|--|----------------------------|---------|------------------|
| 832002<br>12-18-0     |  |                            | Form 99 | <b>90</b> (2008) |
| <b>4</b> e            | Total program service expenses ▶\$ 1,636,331. (Must equal Part IX, Line 25, column (   | (B).)                      |         |                  |
|                       | Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$  | )                          |         |                  |
| 4d                    | Other program services. (Describe in Schedule O.)  |                            |         |                  |
| -<br>-<br>-           |  |                            |         |                  |
| 4c                    | (Code: ) (Expenses \$ Including grants of \$   | ) (Revenue \$              |         | )                |
|                       |  |                            |         |                  |
| 4b                    | (Code. ) (Expenses \$ including grants of \$   | ) (Revenue \$              |         | )                |
| -<br>-<br>-<br>-<br>- |  |                            |         |                  |
| 4a -                  | (Code: ) (Expenses \$ 1,636,331 • including grants of \$   | ) (Revenue \$              |         |                  |
| 4                     | Did the organization cease conducting, or make significant changes in how it conducts, any program service if "Yes", describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,636,331 • including grants of \$ | expenses.  t of grants and | Yes     | X No             |
|                       | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes", describe these new services on Schedule O.   |                            | Yes     |                  |
|                       | Brieffy describe the organization's mission: TO PROVIDE JOB TRAINING, JOB PLACEMENT AND JOB EVALUAT COUSELING TO THE MENTALLY AND PHYSICALLY IMPAIRED.   | TION AND                   |         |                  |
| Part                  | 990 (2008) NEW DAY PRODUCTS INC  111 Statement of Program Service Accomplishments (see instructions)   | 82-030                     | 12299   | Page 2           |

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|     | TO THE CHECKIIST OF REQUIRED SCHEDULES  |     |     |          |
|-----|---|-----|-----|----------|
|     |   |     | Yes | No       |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |     |          |
|     | `If "Yes," complete Schedule A  | 1   | X   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2   |     | X        |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                   |     |     |          |
|     | public office? If "Yes," complete Schedule C, Part I  | _3_ |     | X        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                       | 4   |     | Х        |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and                          |     |     |          |
|     | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | _5_ |     |          |
| 6   | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice                               |     |     |          |
|     | on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                     | 6   |     | X        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |     |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8   |     | х        |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide                       |     |     |          |
|     | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                           | 9   |     | Х        |
| 10  | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                   | _10 |     | Х        |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?   |     |     |          |
|     | If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | 11  | X   |          |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was                          |     |     |          |
|     | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12  |     | Х        |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | _X       |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.?  | 14a |     | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                           |     |     |          |
|     | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I  | 14b |     | Х        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity               |     |     |          |
|     | located outside the United States? If "Yes," complete Schedule F, Part II   | 15  |     | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals                    |     |     |          |
|     | located outside the United States? If "Yes," complete Schedule F, Part III  | 16  |     | X        |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I                            | 17  |     | X        |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                        | _18 |     | X        |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                     | 19  |     | Х        |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |     | X        |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                       | 21_ |     | X        |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                      | 22  |     | X        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J                                     | 23  |     | X        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                           |     |     |          |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.                        |     |     |          |
|     | If "No", go to question 25  | 24a |     | <u>X</u> |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b | -   | <u> </u> |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                              |     |     |          |
|     | any tax-exempt bonds?   | 24c |     |          |
|     | Did the organization act as an *on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     | <u> </u> |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a                                |     |     | ١,,      |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |     | X        |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a                          |     |     | ,,       |
|     | prior year? If "Yes," complete Schedule L, Part I   | 25b |     | X        |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified                    |     |     | ١,,      |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | _26 |     | X        |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial                           |     |     | l        |

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contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

|    | ·  |     | Yes      | No |
|----|--|-----|----------|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee:                  |     |          |    |
| а  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an  |     |          |    |
|    | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other |     |          |    |
|    | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV   | 28a |          | X  |
| b  | Have a family member who had a direct or indirect business relationship with the organization?                               |     |          |    |
|    | If "Yes," complete Schedule L, Part IV   | 28b |          | X  |
| С  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional    |     |          |    |
|    | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV                                    | 28c |          | X  |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                     | 29  | <u> </u> | X  |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |          |    |
|    | contributions? If "Yes," complete Schedule M   | 30  |          | X  |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations?   |     |          |    |
|    | If "Yes," complete Schedule N, Part I  | 31  |          | X  |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete             |     |          |    |
|    | Schedule N, Part II  | 32  |          | X  |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                   |     |          |    |
|    | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |          | X  |
| 34 | Was the organization related to any tax-exempt or taxable entity?  |     |          |    |
|    | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34  |          | X  |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                    |     |          |    |
|    | If "Yes," complete Schedule R, Part V, line 2  | 35  |          | X  |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |     |          |    |
|    | If "Yes," complete Schedule R, Part V, line 2  | 36  |          | X  |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization             |     |          |    |
|    | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                 | 37  |          | X  |

|     | Tataland Togarang Salar Into I mingo and Tax Somplianes  |                  | Γ        |           |  |  |  |  |  |  |  |  |
|-----|--|------------------|----------|-----------|--|--|--|--|--|--|--|--|
| 4 - | Establish was been as a second of the second | F                | Yes      | No        |  |  |  |  |  |  |  |  |
|     | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of   | o                |          |           |  |  |  |  |  |  |  |  |
|     | U.S. Information Returns. Enter ·0· if not applicable  | 히                |          |           |  |  |  |  |  |  |  |  |
|     | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the propagation comply with backup with b | <del> </del>     |          |           |  |  |  |  |  |  |  |  |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c               |          | Х         |  |  |  |  |  |  |  |  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  | 10               |          |           |  |  |  |  |  |  |  |  |
|     | filed for the calendar year ending with or within the year covered by this return  2a  | 0                |          |           |  |  |  |  |  |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b               | Ì        |           |  |  |  |  |  |  |  |  |
| _   | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  |                  |          |           |  |  |  |  |  |  |  |  |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 3a               | Ì        | Х         |  |  |  |  |  |  |  |  |
|     | <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  |                  |          |           |  |  |  |  |  |  |  |  |
|     | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |                  |          |           |  |  |  |  |  |  |  |  |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   |                  |          |           |  |  |  |  |  |  |  |  |
| b   | If "Yes," enter the name of the foreign country: ▶   |                  |          |           |  |  |  |  |  |  |  |  |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and  |                  |          |           |  |  |  |  |  |  |  |  |
|     | Financial Accounts.  |                  |          |           |  |  |  |  |  |  |  |  |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a               |          | _X_       |  |  |  |  |  |  |  |  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b               | ļ        | X         |  |  |  |  |  |  |  |  |
| С   | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  |                  |          |           |  |  |  |  |  |  |  |  |
|     | Tax Shelter Transaction?   | 5c               |          |           |  |  |  |  |  |  |  |  |
|     | Did the organization solicit any contributions that were not tax deductible?   | 6a               | ļ        | _X_       |  |  |  |  |  |  |  |  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |                  |          |           |  |  |  |  |  |  |  |  |
|     | were not tax deductible?   | 6b               |          |           |  |  |  |  |  |  |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |                  |          | .,        |  |  |  |  |  |  |  |  |
|     | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  | 7a               | ļ        | <u> X</u> |  |  |  |  |  |  |  |  |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b               |          |           |  |  |  |  |  |  |  |  |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | _                |          | v         |  |  |  |  |  |  |  |  |
|     | to file Form 8282?   | 7c               |          | X         |  |  |  |  |  |  |  |  |
|     | If "Yes," indicate the number of Forms 8282 filed during the year  [7d]  |                  |          |           |  |  |  |  |  |  |  |  |
| е   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal  | _                |          | v         |  |  |  |  |  |  |  |  |
|     | benefit contract?  | 7e               |          | X         |  |  |  |  |  |  |  |  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f               |          | X         |  |  |  |  |  |  |  |  |
| 9   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | 7 <u>g</u><br>7h | <u> </u> | X         |  |  |  |  |  |  |  |  |
| 8   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)   | 1"               |          |           |  |  |  |  |  |  |  |  |
| •   | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoning organization, have   |                  |          |           |  |  |  |  |  |  |  |  |
|     | excess business holdings at any time duning the year?  | 8                | 1        |           |  |  |  |  |  |  |  |  |
| 9   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  |                  |          |           |  |  |  |  |  |  |  |  |
| а   | Did the organization make any taxable distributions under section 4966?  | 9a               |          |           |  |  |  |  |  |  |  |  |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b               |          |           |  |  |  |  |  |  |  |  |
| 10  | Section 501(c)(7) organizations. Enter: N/A  |                  |          |           |  |  |  |  |  |  |  |  |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   |                  |          |           |  |  |  |  |  |  |  |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | _]               |          |           |  |  |  |  |  |  |  |  |
| 11  | Section 501(c)(12) organizations. Enter: N/A   |                  |          |           |  |  |  |  |  |  |  |  |
| а   | Gross income from members or shareholders  | _                |          |           |  |  |  |  |  |  |  |  |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against   |                  |          |           |  |  |  |  |  |  |  |  |
|     | amounts due or received from them.)  |                  |          |           |  |  |  |  |  |  |  |  |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a              | L        |           |  |  |  |  |  |  |  |  |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  |                  |          |           |  |  |  |  |  |  |  |  |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec        | tion A. Governing Body and Management  |             |          |          |
|------------|--|-------------|----------|----------|
|            |  |             | Yes      | No       |
|            | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,         |             |          |          |
|            | processes, or changes in Schedule O. See instructions.   |             |          |          |
| 1a         | Enter the number of voting members of the governing body   |             |          |          |
| b          | Enter the number of voting members that are independent  |             |          |          |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other         |             |          |          |
|            | officer, director, trustee, or key employee?   | 2           |          | Х        |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision            |             |          |          |
|            | of officers, directors or trustees, or key employees to a management company or other person?                                    | 3           |          | _X_      |
| 4          | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?            | 4           |          | Х        |
| 5          | Did the organization become aware during the year of a material diversion of the organization's assets?                          | 5           | X        |          |
| 6          | Does the organization have members or stockholders?  | 6           |          | X        |
| 7a         | Does the organization have members, stockholders, or other persons who may elect one or more members of the                      |             |          |          |
|            | governing body?  | 7a          |          | _X_      |
| ь          | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                          | 7b          |          | Х        |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                  |             |          |          |
|            | by the following   |             |          |          |
| а          | The governing body?  | 8a          | Х        |          |
| b          | Each committee with authority to act on behalf of the governing body?  | 8b          | Х        |          |
| 9a         | Does the organization have local chapters, branches, or affiliates?  | <b>9</b> a  |          | X        |
| þ          | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,      |             |          |          |
|            | and branches to ensure their operations are consistent with those of the organization?   | 9b          |          |          |
| 10         | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must             |             |          |          |
|            | describe in Schedule O the process, if any, the organization uses to review the Form 990   | 10          |          | <u>X</u> |
| 11         | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the           |             |          |          |
|            | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 11          |          | X        |
| <u>Sec</u> | tion B. Policies   |             |          |          |
|            |  |             | Yes      | No       |
| 12a        | Does the organization have a written conflict of interest policy? If "No," go to line 13   | <b>12</b> a |          | X        |
| b          | Are officers, directors or trustees, and key employees required to disclose annually interests that could give use               |             |          |          |
|            | to conflicts?  | 12b         |          |          |
| c          | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe              |             |          |          |
|            | in Schedule O how this is done   | 12c         |          |          |
| 13         | Does the organization have a written whistleblower policy?   | 13          |          | X        |
| 14         | Does the organization have a written document retention and destruction policy?  | 14          |          | Х        |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent               |             |          |          |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision                                 |             |          |          |
| а          | The organization's CEO, Executive Director, or top management official?  | 15a         |          | X        |
| b          | Other officers or key employees of the organization?   | 15b         |          | X        |
|            | Describe the process in Schedule O. (see instructions)   |             |          |          |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a            |             |          |          |
|            | taxable entity duning the year?  | 16a         |          | X        |
| þ          | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation    |             |          |          |
|            | ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's                  |             |          |          |
|            | exempt status with respect to such arrangements?   | 16b         |          |          |
| Sec        | tion C. Disclosure   |             |          |          |
| 17         | List the states with which a copy of this Form 990 is required to be filed NONE  |             |          |          |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | for         |          |          |
|            | public inspection. Indicate how you make these available. Check all that apply.  |             |          |          |
|            | Own website Another's website X Upon request   |             |          |          |
| 19         | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a  | nd fina     | ancial   |          |
|            | statements available to the public.  |             |          |          |
| 20         | State the name, physical address, and telephone number of the person who possesses the books and records of the organization     | tion:       | <b>-</b> |          |
|            | THE ORGANIZATION - 208-232-7807  |             |          |          |
|            | 1707 N MAIN ST, POCATELLO, ID 83204  |             |          |          |
| 83200      | ge e   | Form        | 990      | 2008)    |

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

| Check this box if the organization did not c |                  | y of                           | ficer                 |  |              | r, tru                       | uste     |                         |                         |                              |  |  |
|--|------------------|--------------------------------|-----------------------|--|--------------|------------------------------|----------|-------------------------|-------------------------|------------------------------|--|--|
| (A)  | (B)              |                                | (C)<br>Position       |  |              |                              |          | (D)                     | (E)                     | (F)                          |  |  |
| Name and Title                               | Average<br>hours | (6)                            |                       |  |              |                              | J.A      | Reportable compensation | Reportable compensation | Estimated amount of          |  |  |
|  | per              |                                | neck all that apply)  |  |              | app                          | (עיי<br> | from                    | from related            | other                        |  |  |
|  | week             | igc                            |                       |  |              |                              |          | the                     | organizations           | compensation                 |  |  |
|  |                  | e or d                         | ᇐ                     |  |              | safed                        |          | organization            | (W-2/1099-MISC)         | from the                     |  |  |
|  |                  | fruste                         | E E                   |  | 異            | H Dec                        |          | (W-2/1099-MISC)         |                         | organization                 |  |  |
|  |                  | Individual trustee or director | Institutional trustee | , .  | oldur        | S 2 2                        | 2        |                         |                         | and related<br>organizations |  |  |
|  |                  | 할                              | Inst                  | Officer  | Key employee | Highest compensated employee | Form     |                         |                         | Organizations                |  |  |
| JOLENE BARNETT-STEPHENS                      |                  |                                |                       |  |              | <del> </del>                 | -        |                         |                         |                              |  |  |
| PRESIDENT                                    |                  |                                |                       |  |              |                              |          | 0.                      | 0.                      | 0.                           |  |  |
| LINDA JONES                                  |                  | Γ.                             |                       |  |              |                              |          |                         |                         |                              |  |  |
| VICE PRESIDENT                               |                  |                                |                       |  |              |                              |          | 0.                      | 0.                      | 0.                           |  |  |
| NEIL SATTERWHITE                             |                  |                                |                       |  |              |                              |          |                         |                         |                              |  |  |
| MEMBER                                       | ]                |                                |                       |  |              |                              |          | 0.                      | 0.                      | 0.                           |  |  |
| MARTY LITTLE                                 |                  |                                |                       |  |              |                              |          |                         |                         |                              |  |  |
| MEMBER                                       |                  |                                |                       |  |              |                              |          | 0.                      | 0.                      | 0.                           |  |  |
| GENIE ALEXANDER                              |                  |                                |                       |  |              |                              |          |                         |                         |                              |  |  |
| MEMBER                                       |                  | <u>L</u>                       | <u> </u>              |  |              |                              |          | 0.                      | 0.                      | 0.                           |  |  |
| MIKE STANLEY                                 |                  | 1                              |                       |  |              |                              |          |                         |                         |                              |  |  |
| MEMBER                                       |                  |                                |                       |  |              |                              |          | 0.                      | 0.                      | 0.                           |  |  |
|  |                  | 1                              |                       |  |              |                              |          | <u> </u>                |                         |                              |  |  |
|  |                  | <u> </u>                       | <u> </u>              | <u> </u>   |              |                              | ļ        |                         |                         |                              |  |  |
|  | }                | 1                              |                       |  |              |                              |          |                         |                         |                              |  |  |
|  |                  | ┢                              |                       |  | -            | -                            |          |                         |                         | L                            |  |  |
|  |                  | 1                              |                       |  |              |                              |          |                         |                         |                              |  |  |
|  | <del></del>      |                                |                       |  |              |                              |          |                         |                         |                              |  |  |
|  |                  |                                |                       |  |              |                              |          |                         |                         |                              |  |  |
|  |                  |                                |                       | <del>                                     </del> |              |                              | -        |                         |                         |                              |  |  |
|  |                  | ĺ                              |                       |  |              |                              |          |                         |                         |                              |  |  |
|  |                  |                                |                       |  |              | -                            |          |                         |                         |                              |  |  |
|  |                  |                                |                       |  |              |                              |          |                         |                         |                              |  |  |
|  |                  |                                |                       |  |              |                              |          |                         | -                       |                              |  |  |
|  |                  |                                |                       |  |              |                              |          |                         |                         |                              |  |  |
|  |                  |                                |                       |  |              |                              |          | _                       |                         |                              |  |  |
|  |                  |                                |                       |  |              |                              |          |                         |                         |                              |  |  |
|  |                  |                                |                       |  |              |                              |          |                         |                         |                              |  |  |
|  |                  | <u> </u>                       |                       |  | <u></u>      | <u> </u>                     |          |                         |                         |                              |  |  |
|  |                  |                                |                       |  |              |                              |          |                         |                         |                              |  |  |
|  |                  |                                | <u> </u>              |  |              |                              |          |                         |                         |                              |  |  |
|  |                  |                                |                       |  |              |                              |          |                         |                         |                              |  |  |
|  | l                |                                |                       | L.   | L            |                              |          |                         | L                       |                              |  |  |

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| ` (A)  | (B)              |           |                       | _       | C)           |                              |      | (D)  | (E)  |              | <b>-</b> -       | (F)   |                |
|--|------------------|-----------|-----------------------|---------|--------------|------------------------------|------|--|--|--------------|------------------|---|----------------|
| Name and title   | Average<br>hours | (cl       |                       |         | tion<br>that | арр                          | ly)  | Reportable compensation                        | Reportable<br>compensation                     | 1            |                  | itimate<br>nount                                      |                |
|  | per<br>week      | rdirector | Institutional trustee | Officer | Key employee | Highest compensated employee |      | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MIS | ,            | fr<br>org<br>and | other<br>pensatom the<br>anizat<br>d relat<br>anizati | e<br>Ion<br>ed |
|  |                  |           |                       |         |              |                              |      |  |  |              |                  |   |                |
|  |                  |           |                       |         |              |                              |      |  |  |              |                  |   |                |
|  |                  |           |                       |         |              |                              |      |  |  |              |                  |   |                |
|  |                  |           |                       |         |              |                              |      |  |  |              | _                |   |                |
|  |                  |           |                       |         |              |                              |      |  |  |              |                  | · ·   |                |
|  |                  |           |                       |         |              |                              |      |  |  |              |                  |   |                |
|  |                  |           |                       |         |              |                              |      |  |  |              |                  | · · · · · ·   |                |
|  |                  |           |                       |         |              | _                            |      |  |  |              |                  |   |                |
| 1b Total   |                  |           |                       |         |              |                              |      | 0.   |  | 0.           |                  |   | 0.             |
| Total number of individuals (including those compensation from the organization  | ın 1a) who re    | celv      | ed n                  | nore    | tha          | n \$1                        | 00,0 | <del></del>                                    |  | <u>∪.</u>    |                  | _   | 0              |
| 3 Did the organization list any former officer,  | director or tru  | stee      | , ke                  | y em    | nplo         | yee,                         | or h | nighest compensated er                         | nployee on                                     |              |                  | Yes   | No             |
| line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su                                  | ım of reportab   | le co     | -                     |         |              |                              |      | · ·  | the organization                               |              | 3                |   | X              |
| and related organizations greater than \$156  Did any person listed on line 1a receive or a                                      | accrue compe     | nsat      | ion f                 |         |              |                              |      |  | ices rendered to                               |              | 4                |   | X              |
| the organization? If "Yes," complete Sched<br>Section B. Independent Contractors  1 Complete this table for your five highest co |                  |           |                       | nt o    |              | root                         | vo t | hat received mare then                         | \$100,000 of com                               |              | 5                |   | Х              |
| the organization. NONE  (A)  |                  | uepe      |                       |         |              |                              |      | (B)  | \$100,000 01 0011                              |              | (C               |   |                |
| Name and business  | address          |           |                       |         |              |                              |      | Description of s                               | ervices  |              | ompe             |   | n              |
|  | <u></u>          |           |                       |         |              |                              |      | <u> </u>                                       |  | <del>-</del> | _                |   |                |
|  |                  |           |                       |         |              |                              |      |  |  |              |                  | ·   |                |
|  |                  |           |                       | _       |              |                              |      |  |  |              |                  |   |                |
|  |                  |           |                       |         |              |                              |      |  |  |              |                  |   |                |
| 2 Total number of independent contractors (infrom the organization ►   | ncluding those   | e in '    | 1) Wl                 | no re   | ecen         | ved                          | mor  | e than \$100,000 in com                        | pensation                                      | <u> </u>     | Form             | 000   |                |

| Pa   | rt V        | III Statement of Rever   | nue  |                                   | - "                         |  |   |   |
|--|-------------|--|--|-----------------------------------|-----------------------------|--|---|---|
|  | •           |  |  |                                   | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts |             | <ul> <li>a Federated campaigns</li> <li>b Membership dues</li> <li>c Fundraising events</li> <li>d Related organizations</li> <li>e Government grants (contributing for All other contributions, gifts, grands imiliar amounts not included about the process of the following forms o</li></ul> | nts, and notes a |                                   |                             |  |   |   |
| Program Service (                                      | 2           | h Total Add lines 1a-1f  a PRODUCTION CONTRACT SERVIC d e  |  | Business Code<br>448000<br>561300 | 931,528.<br>905,336.        | 931,528.<br>905,336.                   |   |   |
| <u>.                                    </u>           | •           | f All other program service reve<br>g Total. Add lines 2a-2f   | enue   | <b>•</b>                          | 1,836,864.                  |  |   |   |
|  | 3<br>4<br>5 | Investment income (including other similar amounts) Income from investment of ta   |  | est, and                          |                             |  |   |   |
|  |             | <ul><li>a Gross Rents</li><li>b Less: rental expenses</li><li>c Rental income or (loss)</li></ul>  | (i) Real   | (II) Personal                     |                             |  |   |   |
|  | 7           | <ul> <li>d Net rental income or (loss)</li> <li>a Gross amount from sales of assets other than inventory</li> <li>b Less: cost or other basis</li> </ul>   | (i) Securities   | (II) Other                        |                             |  |   |   |
|  |             | and sales expenses c Gain or (loss) d Net gain or (loss)   |  | <b>•</b>                          |                             |  |   |   |
| Other Revenue  |             | a Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 b Less' direct expenses  | of   | <del></del>                       |                             |  |   |   |
| δ  | 9           | Net income or (loss) from fund     Gross income from gaming ad     Part IV, line 19     Less: direct expenses  | ctivities. See<br>a<br>b   |                                   |                             |  |   |   |
|  | 10          | <ul> <li>c Net income or (loss) from gan</li> <li>a Gross sales of inventory, less and allowances</li> <li>b Less: cost of goods sold</li> <li>c Net income or (loss) from sale</li> </ul>   | returns<br>a<br>b  | 197,735.                          | <197.735.                   | ><197,735.                             | >                                       |   |
| İ  |             | Miscellaneous Revenu   |  | Business Code                     | 1                           |  |   |   |
|  | 11          | a  |  |                                   |                             |  |   |   |
|  |             | b  |  |                                   |                             |  |   |   |
|  |             | d All other revenue  |  |                                   |                             |  |   |   |
|  |             | e Total. Add lines 11a-11d   |  | <b>&gt;</b>                       |                             |  |   |   |
|  | 12          | Total Revenue. Add lines 1h, 2g, 3,  | 4, 5, 6d, 7d, 8c, 9c, 10   | 0c, and 11e                       | 1,639,129.                  | 1,639,129.                             | 0.                                      | 0.  |

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

|          | All other organizations must complete the complete that include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.   | (A) Total expenses | (B)<br>Program service | (C)<br>Management and | (D)<br>Fundraising |
|----------|---|--------------------|------------------------|-----------------------|--------------------|
| 1        | Grants and other assistance to governments and  |                    | expenses               | general expenses      | expenses           |
| •        | organizations in the U.S. See Part IV, line 21  |                    |                        |                       |                    |
| 2        | Grants and other assistance to individuals in   |                    |                        |                       |                    |
| _        | the U.S. See Part IV, line 22   |                    |                        |                       |                    |
| 3        | Grants and other assistance to governments,   |                    |                        |                       |                    |
|          | organizations, and individuals outside the US   |                    |                        |                       |                    |
|          | See Part IV, lines 15 and 16  |                    |                        |                       |                    |
| 4        | Benefits paid to or for members   |                    |                        |                       |                    |
| 5        | Compensation of current officers, directors,  |                    |                        |                       |                    |
|          | trustees, and key employees   | 117,000.           |                        | 117,000.              |                    |
| 6        | Compensation not included above, to disqualified  |                    |                        |                       |                    |
|          | persons (as defined under section 4958(f)(1)) and   | İ                  |                        |                       |                    |
|          | persons described in section 4958(c)(3)(B)  |                    |                        |                       |                    |
| 7        | Other salaries and wages  | 1,013,097.         | 1,013,097.             |                       |                    |
| 8        | Pension plan contributions (include section 401(k)  |                    |                        |                       |                    |
|          | and section 403(b) employer contributions)  |                    |                        |                       | _ <del></del>      |
| 9        | Other employee benefits   | 125,235.           | 102,735.               | 22,500.               |                    |
| 10       | Payroll taxes   | 101,585.           | 92,634.                | 8,951.                |                    |
| 11       | Fees for services (non-employees):  |                    |                        |                       |                    |
| а        | Management  |                    |                        |                       |                    |
| b        | Legal   |                    |                        |                       | <del></del>        |
| С        | Accounting  | 2,799.             |                        | 2,799.                |                    |
| d        | Lobbying  |                    |                        |                       | ·                  |
| е        | Professional fundraising services See Part IV, line 17  |                    |                        |                       |                    |
| f        | Investment management fees  | F.F. 070           | 55 070                 |                       |                    |
| 9        | F   | 55,870.            | 55,870.                |                       |                    |
| 12       | Advertising and promotion   | 33,710.            | 33,710.                |                       |                    |
| 13       | Office expenses   | 13,262.            | 13,262.                |                       |                    |
| 14       | Information technology  |                    |                        |                       |                    |
| 15       | Royalties   | 38,355.            | 38,355.                |                       | <del></del>        |
| 16       | Occupancy   | 26,385.            | 26,385.                |                       |                    |
| 17       | Travel  | 20,303.            | 20,303.                |                       |                    |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                    |                        |                       |                    |
| 10       | Conferences, conventions, and meetings  | 694.               | 694.                   |                       | <del></del>        |
| 19<br>20 | Interest  | 33,177.            | 33,177.                |                       |                    |
| 21       | Payments to affiliates  | 33,11,             | 55,1776                | -                     |                    |
| 22       | Depreciation, depletion, and amortization   | 11,132.            |                        |                       | " #*               |
| 23       | Insurance   | 53,599.            | 53,599.                |                       |                    |
| 24       | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) |                    |                        |                       |                    |
| а        | THEFT LOSS  | 95,829.            | 95,829.                |                       |                    |
| b        | REPAIRS AND MAINTENANCE   | 36,483.            | 36,483.                |                       |                    |
| c        | SUPPLIES  | 17,111.            | 17,111.                |                       |                    |
| d        | EQUIPMENT LEASE   | 7,162.             | 7,162.                 |                       |                    |
| e        | CONTRACT MARKETING  | 6,808.             | 6,808.                 |                       |                    |
| f        | All other expenses  | 9,420.             | 9,420.                 |                       |                    |
| 25       | Total functional expenses. Add lines 1 through 24f  | 1,798,713.         | 1,636,331.             | 151,250.              | 0                  |
| 26       | Joint Costs. Check here ▶ ☐ If following  |                    |                        |                       |                    |
|          | SOP 98-2 Complete this line only if the organization  |                    |                        |                       |                    |
|          | reported in column (B) joint costs from a combined  |                    |                        |                       |                    |
|          | educational campaign and fundraising solicitation   |                    |                        |                       |                    |

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| <u> </u>                  |          |  | (A)<br>Beginning of year                |           | (B)<br>End of year     |
|---------------------------|----------|--|---|-----------|------------------------|
| •                         | 1        | Cash · non-interest-bearing  | 56,986.                                 | 1         | 16,486.                |
|                           | 2        | Savings and temporary cash investments   |   | 2         |                        |
|                           | 3        | Pledges and grants receivable, net   |   | 3         |                        |
|                           | 4        | Accounts receivable, net   | 228,720.                                | 4         | 94,870.                |
|                           | 5        | Receivables from current and former officers, directors, trustees, key   |   |           |                        |
|                           |          | employees, or other related parties. Complete Part II of Schedule L  |   | 5         |                        |
|                           | 6        | Receivables from other disqualified persons (as defined under section  |   |           |                        |
|                           |          | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete   |   |           |                        |
|                           |          | Part II of Schedule L  |   | 6         |                        |
| ţ                         | 7        | Notes and loans receivable, net  |   | 7         |                        |
| Assets                    | 8        | Inventories for sale or use  | 136,230.                                | 8         | 50,662.                |
| Ř                         | 9        | Prepaid expenses and deferred charges  |   | 9         |                        |
|                           | 10a      | Land, buildings, and equipment cost basis 10a 980, 895   | 5.                                      |           |                        |
|                           |          | Less: accumulated depreciation. Complete   |   |           |                        |
|                           |          | Part VI of Schedule D 10b 880, 186   | 111,839.                                | 10c       | 100,709.               |
|                           | 11       | Investments · publicly traded securities   |   | 11        |                        |
|                           | 12       | Investments · other securities See Part IV, line 11  |   | 12        |                        |
|                           | 13       | Investments · program-related. See Part IV, line 11  |   | 13        |                        |
|                           | 14       | Intangible assets  |   | 14        |                        |
|                           | 15       | Other assets See Part IV, line 11  | 0.                                      |           | 3,193.                 |
|                           | 16       | Total assets. Add lines 1 through 15 (must equal line 34)  | 533,775.                                | ightarrow | 265,920.               |
|                           | 17       | Accounts payable and accrued expenses  | 8,810.                                  | 17        | 34,556.                |
|                           | 18       | Grants payable   |   | 18        |                        |
| i                         | 19       | Deferred revenue   |   | 19        |                        |
|                           | 20       | Tax-exempt bond liabilities  |   | 20        |                        |
| es                        | 21       | Escrow account liability. Complete Part IV of Schedule D   | *************************************** | 21        |                        |
| Liabilities               | 22       | Payables to current and former officers, directors, trustees, key employees,   |   |           |                        |
| iab.                      |          | highest compensated employees, and disqualified persons. Complete Part II  |   |           |                        |
| _                         |          | of Schedule L  | 4.5.5                                   | 22        |                        |
|                           | 23       | Secured mortgages and notes payable to unrelated third parties   | 155,310.                                |           | 250,114.               |
|                           | 24       | Unsecured notes and loans payable  |   | 24        | 56,031.                |
|                           | 25       | Other liabilities. Complete Part X of Schedule D   | 72,425.                                 | 25        | 1,119,751.             |
|                           | 26_      | Total liabilities. Add lines 17 through 25   | 236,545.                                | 26        | 1,460,452.             |
|                           |          | Organizations that follow SFAS 117, check here   X and complete  |   |           |                        |
| Ses                       |          | lines 27 through 29, and lines 33 and 34.  | 207 220                                 |           | -1 104 533             |
| lan                       | 27       | Unrestricted net assets  | 297,230.                                |           | <1,194,532.            |
| Ва                        | 28       | Temporanly restricted net assets   |   | 28        |                        |
| nd                        | 29       | Permanently restricted net assets  |   | 29        |                        |
| ī.                        |          | Organizations that do not follow SFAS 117, check here  |   |           |                        |
| Net Assets or Fund Balanc |          | complete lines 30 through 34.  |   |           |                        |
| set                       | 30       | Capital stock or trust principal, or current funds   |   | 30        |                        |
| As                        | 31<br>32 | Paid in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds |   | 31<br>32  |                        |
| Ne                        | 33       | Total net assets or fund balances  | 297,230.                                |           | <1,194,532.            |
|                           | 34       | Total liabilities and net assets/fund balances   | 533,775.                                | 34        | 265,920.               |
| Pai                       | rt XI    | Financial Statements and Reporting   | 3337773.                                | 34        | 203/320.               |
|                           | 474      | Thanolal Statements and Reporting  |   |           | Yes No                 |
| 1                         | Acco     | ounting method used to prepare the Form 990: Cash X Accrual  | Other                                   |           |                        |
|                           |          | the organization's financial statements compiled or reviewed by an independent   |   |           | 2a X                   |
|                           |          | the organization's financial statements audited by an independent accountant   |   |           | 2b X                   |
|                           |          | es" to lines 2a or 2b, does the organization have a committee that assumes res   |   | audit.    | <del></del>            |
| ~                         |          | w, or compilation of its financial statements and selection of an independent ac   |   |           | 2c X                   |
| За                        |          | result of a federal award, was the organization required to undergo an audit or  |   | le Auc    |                        |
|                           |          | and OMB Circular A-133?  |   |           | 3a X                   |
| b                         | If "Ye   | es," did the organization undergo the required audit or audits?  |   | ·         | 3b                     |
| 83201                     | 1 12-18  | -08  |   |           | Form <b>990</b> (2008) |

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Inspection

Name of the organization

Employer identification number

|             |   | NEW DAY                               | PRODUCTS IN                                  | IC   |   |   |   |  | 82             | <u>-0302</u> | 299          |      |
|-------------|---|---------------------------------------|--|--|---|---|---|--|----------------|--------------|--------------|------|
| Part I      | Reason  | for Public Char                       | ity Status (All organiz                      | zations mu                                       | st complet                              | te this par                             | t.) (see ins                            | tructions)                                       |                |              |              |      |
| The organ   | nization is not a   | a private foundation                  | because it is (Please ch                     | eck only c                                       | ne organiz                              | zation.)                                |   |  |                |              |              |      |
| 1 🗀         |   | •                                     | s, or association of chur                    | •  | •                                       | •                                       | (b)(1)(A)(i)                            | ١.   |                |              |              |      |
| 2           |   |                                       | '0(b)(1)(A)(ii). (Attach Sc                  |  |   |   | · · / / / / / / / / / / / / / / / / / / | •  |                |              |              |      |
| з 🔲         |   |                                       | tal service organization                     | •  |   | 170(b)(1)                               | <b>(A)</b> (iii). (At                   | tach Sche  | dule H.)       |              |              |      |
| 4 🗔         |   |                                       | operated in conjunction                      |  |   |   |   |  |                | ne hospitali | 's name.     |      |
|             | city, and stat  | -                                     | ,  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |   | (-/(-/(-/(-                                      | ,              |              |              |      |
| 5           | =   |                                       | benefit of a college or u                    | niversity o                                      | wned or or                              | perated by                              | a governi                               | mental uni                                       | describe       | d in         |              |      |
|             | -   | (b)(1)(A)(iv). (Comple                | •  | , 5  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | a <b>g</b> 0 1 0                        |  |                |              |              |      |
| 6 🗀         |   |                                       | ent or governmental uni                      | t describe                                       | dın se <b>ctio</b>                      | n 170/h\/1                              | 11/41/6/1                               |  |                |              |              |      |
| 7 X         |   | <del>-</del>                          | eives a substantial part                     |  |   |   |   | or from the                                      | general n      | ublic desc   | ribed in     |      |
|             |   |                                       |  | or its supp                                      | ort nom a                               | governine                               | intai dini C                            | n nom me   | general p      | abile 6636   | iibed iii    |      |
| 8 🔲         | section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) |                                       |  |  |   |   |   |  |                |              |              |      |
| 9 🗔         | -   |                                       | eives (1) more than 33                       |  | •                                       | rom contri                              | butions n                               | nambarehu  | o foos and     | d aross ro   | cointe fre   |      |
| • 🗀         |   |                                       | nctions · subject to certa                   |  |   |   |   |  |                |              |              |      |
|             |   |                                       | axable income (less sec                      |  |   |   |   |  |                |              |              | CIII |
|             |   | 509(a)(2). (Complete                  | •  | 11011 511 16                                     | w, nom bu                               | 311103303 6                             | acquired b                              | y ine orga                                       | ilization a    | itei oulle o | 0, 1973      |      |
| 10 🖂        |   |                                       | perated exclusively to te                    | et for publ                                      | ic cafety S                             | See sectio                              | n 500/a\/                               | 1) (caa inc                                      | tructions)     |              |              |      |
| 11 🗔        |   | -                                     | perated exclusively for the                  | •  | •                                       |   |   |  |                |              | fone or      |      |
|             |   |                                       | ations described in secti                    |  |   |   |   | -  | •              |              |              |      |
|             |   |                                       | organization and compl                       |  |   |   | .). Occ <b>3</b> ct                     | - tion 503(                                      | zyto). Onet    | JK THE DOX   | tilat        |      |
|             | a Type  | · · · · · · · · · · · · · · · · · · · | ¬ '  |  | e III • Func                            |   | enrated                                 |  | а              | Type III · C | <b>Yther</b> |      |
| e X         |   |                                       | at the organization is not                   |  |   | -                                       | -                                       | r more died                                      |                |              |              |      |
| ر تعد       |   |                                       | han one or more publich                      |  |   |   |   |  |                |              |              |      |
| f           |   |                                       | ten determination from                       |  |   |   |   |  | (a)(1) UI S    | ection 309   | (a)(Z).      |      |
| •           |   | rganization, check th                 |  |  | at it is a 1 y                          | pe i, Type                              | ii, oi Type                             | 5 111  |                |              | ſ            |      |
| ~           |   | -                                     | organization accepted ai                     | av alft or o                                     | ontribution                             | from onv                                | of the fell                             | owing nom  | 0002           |              | L            |      |
| g           |   |                                       | lirectly controls, either a                  |  |   |   |   |  |                |              | Yes N        | No   |
|             |   |                                       | upported organization?                       | one or tog                                       | etilei With                             | persons                                 | Jeschbed                                | iii (ii) aiiu (i                                 | ii) below,     | 11~(i)       | 163 1        | 10   |
|             | _   |                                       | n described in (i) above?                    |  |   |   |   |  |                | 11g(i)       |              |      |
|             |   |                                       | person described in (i)                      |  | o2                                      |   |   |  |                | 11g(ii)      |              |      |
| h           |   | •                                     | about the organizations                      | • •  |   | norto                                   |   |  |                | 11g(iii)     |              |      |
| "           | r lovide tile i   | Ollowing information                  | about the organizations                      | ine organ  | iizalioii suj                           | oports.                                 |   |  |                |              |              |      |
|             |   | 400                                   | (iii) Type of                                | (iv) is the                                      | organization                            | (v) Did voi                             | L notify the                            | (vi) Is  | the            |              |              |      |
|             | of supported  | (ii) EIN                              | organization                                 |  | sted in your                            |   | •                                       | organizatio                                      | n in col       |              | rount of     |      |
| viy         | anızatıon   |                                       | (described on lines 1-9 above or IRC section |  | document?                               |   | r support?                              | (i) organiz                                      | ed in the      | sup          | port         |      |
|             |   |                                       | (see instructions))                          | Yes  | No                                      | Yes                                     | No                                      | Yes  | No             |              |              |      |
|             |   |                                       |  | <del>                                     </del> |   |   |   | <del></del> -                                    |                | <del></del>  |              |      |
|             |   |                                       |  |  |   |   |   |  |                |              |              |      |
|             |   |                                       | -  |  |   |   |   |  |                |              |              |      |
|             |   |                                       |  |  |   |   |   |  |                |              |              |      |
|             |   | <del></del>                           |  |  |   |   |   |  | <del></del>    |              |              |      |
|             |   |                                       |  |  |   |   |   |  |                |              |              |      |
|             |   |                                       |  |  | <del> </del>                            |   |   | <del>                                     </del> | <del>  -</del> |              |              |      |
|             |   |                                       |  |  |   |   |   |  |                |              |              |      |
|             | •   |                                       |  | <del>                                     </del> | <del> </del>                            |   |   | <del>-</del>                                     |                |              |              |      |
|             |   |                                       |  |  |   |   |   | 1 .  |                |              |              |      |
| <del></del> |   |                                       |  | 1  |   |   |   |  |                |              |              |      |
| Total       |   |                                       |  |  |   |   |   |  |                |              |              |      |
|             | Privacy Act ar  | nd Paperwork Redu                     | ction Act Notice, see t                      | he Instruc                                       | tions for F                             | orm 990.                                |   | Schedule   | e A (Form      | 990 or 99    | 0-EZ) 20     | 008  |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 - 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 0. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage .00 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

832022

Schedule A (Form 990 or 990-EZ) 2008

| Sch<br>Pa    | edule A (Form 990 or 990-EZ) 2008<br>rt III   Support Schedule for (   | Organizations                      | Described in         | Section 509(a          | )(2) (Complete onl | y if you checked the b | Page 3    |
|--------------|--|------------------------------------|----------------------|------------------------|--------------------|------------------------|-----------|
|              | tion A. Public Support   |                                    |                      |                        |                    |                        |           |
|              | endar year (or fiscal year beginning in)   | (a) 2004                           | (b) 2005             | (c) 2006               | (d) 2007           | (e) 2008               | (f) Total |
|              | 'Gifts, grants, contributions, and   | (-/                                | (5) = 555            | (4) = 0 = 0            | 1-7                | (0) 2000               |           |
|              | membership fees received. (Do not  |                                    |                      | ,                      |                    |                        |           |
|              | include any "unusual grants.")   | 1                                  |                      | ,                      |                    |                        | ļ         |
| 2            | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       |                                    |                      |                        |                    |                        |           |
| 3            | Gross receipts from activities that  |                                    |                      |                        |                    |                        |           |
|              | are not an unrelated trade or bus-<br>iness under section 513  |                                    |                      |                        |                    |                        |           |
| 4            | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                                    |                      |                        |                    |                        |           |
| 5            | The value of services or facilities  |                                    |                      |                        | <del> </del>       |                        |           |
| ·            | furnished by a governmental unit to  |                                    |                      |                        |                    |                        | i         |
|              | the organization without charge  |                                    |                      |                        |                    |                        |           |
| 6            | Total. Add lines 1 - 5   |                                    |                      |                        |                    |                        |           |
| -            | Amounts included on lines 1, 2, and  |                                    |                      | -                      | -                  |                        |           |
|              | 3 received from disqualified persons   |                                    |                      | :                      | 1                  |                        | ]         |
| t            | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 |                                    |                      |                        |                    |                        |           |
| c            | Add lines 7a and 7b  |                                    |                      |                        |                    |                        |           |
|              | Public support (Subtract line 7c from line 6)  |                                    |                      |                        |                    | <u> </u>               |           |
| <u>Sec</u>   | ction B. Total Support   |                                    |                      |                        |                    | <b>.</b>               |           |
| Cale         | endar year (or fiscal year beginning in)▶  | (a) 2004                           | (b) 2005             | (c) 2006               | (d) 2007           | (e) 2008               | (f) Total |
| 9            | Amounts from line 6  |                                    |                      |                        | -                  |                        |           |
| 1 <b>0</b> a | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources  |                                    |                      |                        |                    |                        |           |
| t            | Unrelated business taxable income  |                                    |                      |                        |                    |                        |           |
|              | (less section 511 taxes) from businesses acquired after June 30, 1975  |                                    |                      |                        |                    |                        |           |
| 11           | Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                             |                                    |                      |                        |                    |                        |           |
| 12           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                                    |                      |                        |                    |                        |           |
| 13           | Total support (Add lines 9, 10c, 11, and 12)   |                                    |                      |                        |                    |                        |           |
| 14           | First five years. If the Form 990 is for   | r the organization'                | s first, second, thi | rd, fourth, or fifth t | ax year as a sect  | on 501(c)(3) organi;   | zation,   |
|              | check this box and stop here   |                                    |                      |                        |                    |                        | ▶□        |
| Sec          | ction C. Computation of Publ   | ic Support Pe                      | rcentage             |                        |                    |                        |           |
|              | Public support percentage for 2008 (   |                                    |                      | column (f))            |                    | 15                     | 9/        |
| 16           |  |                                    |                      | . "                    |                    | 16                     | 9         |
|              | ction D. Computation of Inve   |                                    |                      |                        |                    | •                      |           |
| 17           |  |                                    |                      | •                      |                    | 17                     | 9,        |
| 18           | Investment income percentage from  | •                                  | •                    |                        |                    | 18                     | 9         |
|              | 33 1/3% support tests - 2008. If the   |                                    |                      |                        | e 15 is more than  |                        |           |
|              | more than 33 1/3%, check this box a 33 1/3% support tests - 2007. If the   | nd <b>stop h</b> e <b>r</b> e. The | organization qua     | lifies as a publicly   | supported organi   | zation                 | ▶□        |
| •            | line 18 is not more than 33 1/3%, che  | -                                  |                      |                        |                    | •                      | . —       |

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

NEW DAY PRODUCTS INC

Remployer identification number
82-0302299

Remployer identification number
82-0302299

| Par | Organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line   |   | s or Accounts. Complete if the                  |  |  |  |
|-----|--|---|---|--|--|--|
|     |  | (a) Donor advised funds                     | (b) Funds and other accounts                    |  |  |  |
| 1   | Total number at end of year  |   |   |  |  |  |
| 2   | Aggregate contributions to (during year)   |   |   |  |  |  |
| 3   | Aggregate grants from (during year)  |   |   |  |  |  |
| 4   | Aggregate value at end of year   |   |   |  |  |  |
| 5   | Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$  | writing that the assets held in donor advi  | sed funds                                       |  |  |  |
|     | are the organization's property, subject to the organization's   | exclusive legal control?                    | Yes No  |  |  |  |
| 6   | Did the organization inform all grantees, donors, and donor ad   | dvisors in writing that grant funds may b   | e used only                                     |  |  |  |
|     | for charitable purposes and not for the benefit of the donor of  |   |   |  |  |  |
| Par | t II Conservation Easements. Complete if the org   | anization answered "Yes" to Form 990,       | Part IV, line 7                                 |  |  |  |
| 1   | Purpose(s) of conservation easements held by the organization (check all that apply).  |   |   |  |  |  |
|     | Preservation of land for public use (e.g., recreation or pl  | leasure) Preservation of an hi              | storically important land area                  |  |  |  |
|     | Protection of natural habitat  | Preservation of certification               | fied historic structure                         |  |  |  |
|     | Preservation of open space   |   |   |  |  |  |
| 2   | Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day |   |   |  |  |  |
|     | of the tax year  |   | <u> </u>  |  |  |  |
|     |  |   | Held at the End of the Year                     |  |  |  |
| а   | Total number of conservation easements   |   | 2a  |  |  |  |
| b   | Total acreage restricted by conservation easements   |   | 2b  |  |  |  |
| C   | Number of conservation easements on a certified historic stru  | ucture included in (a)                      | 2c  |  |  |  |
| d   | Number of conservation easements included in (c) acquired a  | after 8/17/06                               | 2d  |  |  |  |
| 3   | Number of conservation easements modified, transferred, rele   | eased, extinguished, or terminated by th    | e organization during the taxable               |  |  |  |
|     | year ▶   |   |   |  |  |  |
| 4   | Number of states where property subject to conservation eas  | sement is located                           |   |  |  |  |
| 5   | Does the organization have a written policy regarding the peri   | iodic monitoring, inspection, violations, a | and   |  |  |  |
|     | enforcement of the conservation easements it holds?  |   | Yes No  |  |  |  |
| 6   | Staff or volunteer hours devoted to monitoring, inspecting, an   | nd enforcing easements during the year      | <b></b>   |  |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$   |   |   |  |  |  |
| 8   | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)                            |   |   |  |  |  |
|     | and section 170(h)(4)(B)(ii)?  |   | Yes No  |  |  |  |
| 9   | In Part XIV, describe how the organization reports conservation  | on easements in its revenue and expens      | e statement, and balance sheet, and             |  |  |  |
|     | include, if applicable, the text of the footnote to the organization   | ion's financial statements that describes   | s the organization's accounting for             |  |  |  |
|     | conservation easements.  |   |   |  |  |  |
| Par | t III Organizations Maintaining Collections of   | f Art, Historical Treasures, or C           | Other Similar Assets.                           |  |  |  |
|     | Complete if the organization answered "Yes" to Form  | 990, Part IV, line 8.                       |   |  |  |  |
|     |  |   |   |  |  |  |
| 1a  | If the organization elected, as permitted under SFAS 116, not  | t to report in its revenue statement and l  | palance sheet works of art, historical          |  |  |  |
|     | treasures, or other similar assets held for public exhibition, ed  | ducation, or research in furtherance of pi  | ublic service, provide, in Part XIV, the text o |  |  |  |
|     | the footnote to its financial statements that describes these if   | tems.                                       |   |  |  |  |
| b   | If the organization elected, as permitted under SFAS 116, to i   | report in its revenue statement and bala    | nce sheet works of art, historical treasures,   |  |  |  |
|     | or other similar assets held for public exhibition, education, or  | r research in furtherance of public servic  | e, provide the following amounts relating to    |  |  |  |
|     | these items:   |   |   |  |  |  |
|     | (i) Revenues included in Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                                  |  |  |  |
|     | (ii) Assets included in Form 990, Part X   |   | ► \$<br>► \$                                    |  |  |  |
| 2   | If the organization received or held works of art, historical treat  | asures, or other similar assets for financi |   |  |  |  |
|     | the following amounts required to be reported under SFAS 11  | 16 relating to these items:                 |   |  |  |  |
| а   | Revenues included in Form 990, Part VIII, line 1   |   | <b>▶</b> \$                                     |  |  |  |
| b   | Assets included in Form 990, Part X  |   | ► \$<br>► \$                                    |  |  |  |
|     |  |   |   |  |  |  |
| LHA | For Privacy Act and Paperwork Reduction Act Notice, see  | the Instructions for Form 990.              | Schedule D (Form 990) 2008                      |  |  |  |

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Schedule D (Form 990) 2008

| Schedule D (FOITH 990) 2006 MEW DAT FRO                                 | DOCTO THE       | 02-0302233 Page 3                       |  |  |  |
|---|-----------------|---|--|--|--|
| Part VII Investments - Other Securities. See Form 990, Part X, line 12. |                 |   |  |  |  |
| -(a) Description of security or category                                | (b) Book value  | (c) Method of valuation:                |  |  |  |
| (in all and in a series of a series A                                   | (2) 20011 14140 | O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |  |  |

|   | <u> </u>       |  |
|---|----------------|--|
| (a) Description of security or category  (including name of security) | (b) Book value |  |

Financial derivatives and other financial products Closely-held equity interests

Other\_

Total. (Col (b) should equal Form 990, Part X, col (B) line 12 )

(a) Description of investment type

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total. (Col (b) should equal Form 990, Part X, col (B) line 13 )

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability Federal income taxes PAYROLL & SALES TAX PAYABLE

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

1,119,751

▶ In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2008

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

| Name of the organization  NEW DAY PRODUCTS INC              | Employer identification number 82-0302299 |
|---|---|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION       | MISSION:                                  |
| PHYSICALLY IMPAIRED.  |   |
|   |   |
| FORM 990, PART VI, SECTION A, LINE 5: DURING THE YEAR       | IT WAS REALIZED                           |
| THAT THE DIRECTOR HAD PAID FOR PERSONAL ITEMS AND HAD       | NOT PAID THE REQUIRED                     |
| FICA FOR THE PAST FOUR YEARS.                               |   |
|   |   |
| FORM 990, PART VI, SECTION A, LINE 10: THE PRESIDENT        | REVIEWS AND SIGNS THE                     |
| FORM 990 BEFORE IT IS SUBMITTED.                            |   |
| FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING        | DOCUMENTS CONFLICT                        |
| OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAI       |   |
| OI INTEREST TODICTY AND TIMENCIAL STATEMENTS ARE AVAILABLE. | TADDE OF OR REGORDE:                      |
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Schedule O (Form 990) 2008